

## HIV/AIDS Administration

## AIDS Drug Assistance Program (ADAP)

## Notice of Privacy Practices

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We, the AIDS Drug Assistance Program (ADAP), are dedicated to protecting your medical information. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices that explains how, when, and why we may use or disclose your "Protected Health Information" (PHI). We are also required by law to follow and abide by the terms of this Notice.

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**USE OF YOUR PHI**

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We use and disclose PHI for a variety of reasons. We have a limited right to use or disclose your PHI for purposes of treatment, payment, or our health care operations. To treat your health conditions and manage special health programs, we need to use your health information. We can do this without your written or verbal permission.

We may use and disclose your medical or other private health information without your permission under federal and District of Columbia laws for the following purposes:

- **For Treatment:** We may use and disclose your PHI to case managers, pharmacists, ADAP program staff, including trainees, involved in your care, to provide treatment services for your health care needs. For example, our personnel will use your PHI in order to coordinate the care and services you need, such as prescriptions, and medication services. If you need care from health care professionals or health care providers who are not a part of the Department of Health, we may also need to disclose your PHI to enable them to treat you. However, they too must protect the privacy of your PHI.
- **For payment:** We may use and disclose your PHI in order to bill and collect payment for your health care services. For example, when you receive services from providers not a part of the Department of Health, we may have an obligation to pay for these services.
- **For health care operations:** We may use and disclose your PHI in the course of our health care operations. For example, we may use your PHI in assessing the quality of our services; reviewing accreditation, certification, and licensing; and conducting medical reviews, audits and legal services.

## HIV/AIDS Administration

## AIDS Drug Assistance Program (ADAP)

- **Marketing:** We will not use your PHI to sell you services or supplies unrelated to your health care coverage or your health status. We will not give any other person your PHI to allow them to contact you in any way to try to sell you anything.
- **Appointment reminders:** We may use and disclose your PHI to contact you regarding your appointments for treatment or other health care related services.
- **Research:** The Department of Health engages in important health research with various required District of Columbia and Federal Agencies. At times, our researchers may wish to use your PHI. Generally, before we allow a use or disclosure of your PHI without your written permission, our review board (a board responsible under federal law for reviewing and approving research involving human subjects) reviews the research proposal to assure that the privacy of your PHI is protected.
- **Disclosures to family, friends, or others:** We may disclose your PHI when you tell us to. We may give your PHI to a family member, friend, or other person who you indicate is involved in your care or the payment for your health care.
- **Parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. However, District of Columbia laws may require us to deny a parent's access to a minor's PHI.
- **Workers' compensation:** As part of your workers' compensation claim, we may have to disclose your PHI.
- **Organ donation:** We may use or disclose your PHI to organ donation organizations.
- **Medical Examiner:** We may disclose your PHI to permit identification or determine cause of death.
- **Funeral directors:** We may disclose PHI to allow them to carry out their duties.
- **Public health activities:** We may disclose PHI when we are required to collect information about disease or injury and disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease.
- **To the Food and Drug Administration (FDA):** We may disclose PHI when you are receiving health services or supplies that are being tracked by the FDA. For example, we may have to report about drugs or medicines that have been recalled or track a medicine after it has been approved.
- **Serious threat to health or safety:** If we believe that a serious threat exists to your health or safety, or to the health and safety of any other person or the public, we may use or disclose your PHI to notify those persons we believe would be able to help prevent or lessen the threat of harm.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**HIV/AIDS Administration**  
**AIDS Drug Assistance Program (ADAP)**

HIPAA Form 36

- **When required by law:** We may use or disclose PHI when a law requires that we report information if we believe there has been child abuse or neglect. We may use or disclose PHI if we believe that you have been a victim of abuse, neglect, or violence. We may also use or disclose PHI relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **To military command authorities and for national security:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as the protection of the President.

**Uses and Disclosures of PHI from HIV/AIDS Records Not Requiring Consent or Authorization:** The law provides that we may disclose your PHI from HIV/AIDS records without consent or authorization in the following circumstances:

- **Required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.
- **Reporting death:** We may disclose PHI relating to an individual's death if District of Columbia or federal law requires the information for collection of vital statistics or questions about the cause of death.
- **Research, audit, or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit, or evaluation purposes.
- **To avert threat to health or safety:** To avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

All other uses and disclosures will only be made with your written authorization. You have the right to revoke your written authorization at any time.

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**YOUR RIGHTS REGARDING YOUR PHI**

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You have the following rights regarding your protected health information. You can write to us about your following rights:

- **Right to limit the use and disclosure of your PHI:** You have the right to request in writing that we limit how we use or disclose your PHI. Your request must be in writing. You can also write us to end these limitations at any time. However, we do not have to agree to your request and will let you know why we cannot. We cannot agree to limit the use or disclosures that are required by law.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**HIV/AIDS Administration**  
**AIDS Drug Assistance Program (ADAP)**

HIPAA Form 36

- **Right to see and receive copies of your PHI:** If you would like to see your PHI, you will have to write to us. We will let you know within 30 days of receiving your request when and where you can see it. If we do not have your PHI readily accessible we will let you know within 60 days when and where you can see it. In certain situations, we may deny your request. If we do, we will tell you in writing why your request was denied and explain how you can have your denial reviewed. If you would like to get copies of your PHI, please write to us. We may charge you a fee for the copies of a summary or explanation of your PHI.
- **Right to correct or update your PHI:** If you believe that there is a mistake in your PHI or that important information is missing, you may request that we correct it. When you write to us and explain why we should make the correction, we will respond to you within 60 days of receiving your written request. We may approve the request, in which case we will make the change to your PHI. Your explanation will be attached any time that your information is used or disclosed. We may also deny your request. In either case we will inform you in writing. Our denial will state our reasons and explain your right to file a written statement of disagreement.
- **Right to an accounting of disclosures of PHI:** You have a right to get a list of disclosures we have made. The list will state the date of disclosure, the person or organization that received it, the purpose for the disclosure, and the type of PHI we released. The list will not include disclosures made for treatment, payment or operations purposes; disclosures made to you, your family, or with your written authorization; disclosures made for national security purposes, to law enforcement officials or correctional facilities; or disclosures made before April 14, 2003. We will respond to your request within 60 days of receiving your written request. Your request can be for disclosures going as far back as six years, unless you request a shorter time or if less than six years have passed since April 14, 2003. **For example, if you request an accounting on April 24, 2003, the list would only cover 10 days.** You may receive an accounting free or charge every 12 months. We may charge you a fee for any additional requests you make within a 12-month period.
- **Your right to confidential communication:** You have the right to ask us to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Your right to receive this notice:** You have the right to receive a paper copy of this Notice or an electronic copy by email upon request. **You can view a copy of this notice on our website at: [www.dchealth.dc.gov/hipaa](http://www.dchealth.dc.gov/hipaa)**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
HIV/AIDS Administration**

HIPAA Form 36

**AIDS Drug Assistance Program (ADAP)**

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**CHANGES TO THIS NOTICE**

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We may change this notice and our privacy practices at any time, as long as the change is consistent with the District of Columbia or federal law. If we make an important or material change to our policies, we will promptly post a new notice at [www.dchealth.dc.gov/hipaa](http://www.dchealth.dc.gov/hipaa).

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**CONCERNS OR COMPLAINTS  
ABOUT THE USE OR DISCLOSURE OF YOUR PHI**

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For more information about our privacy practices, you may contact the Privacy Officer at either of the following addresses:

Privacy Officer  
District of Columbia  
Department of Health  
825 North Capitol Street, NE  
Room 2103  
Washington, DC 20002  
Voice: (202) 442-5865  
Fax: (202) 442-4838  
Email: [dohprivacy@dc.gov](mailto:dohprivacy@dc.gov)

Privacy Official  
DC Office of Health Care Privacy and  
Confidentiality Management  
Office of the Deputy Mayor for Children  
Youth, Families and Elders  
1350 Pennsylvania Avenue, NW  
Suite 307  
Washington, DC 20004  
Voice: (202) 727-8001  
Fax: (202) 727-0246  
Email: [dcprivacy@dc.gov](mailto:dcprivacy@dc.gov)

You may also contact the Privacy Officer for additional copies of this Notice.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
HIV/AIDS Administration**

HIPAA Form 36

**AIDS Drug Assistance Program (ADAP)**

If you believe that your health information privacy rights have been violated, you may file a complaint. Write to the Privacy Officer at the Department of Health at the address listed above. We cannot deny you services or treat you badly because you filed a complaint against us. You may also complain to the U.S. Department of Health and Human Services (HHS) at the following address:

Office for Civil Rights – Region III  
U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19105-9111  
Main Line: (215) 861-4441  
Hotline: (800) 368-1019  
Fax: (215) 861-4431  
TDD: (215) 861-4440  
TTY: (886) 778-4989  
Email: ocrmail@hhs.gov.

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**Acknowledgement of Receipt**

This is to acknowledge that I have received a copy of the AIDS Drug Assistance Program Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Relationship if other than patient \_\_\_\_\_

\_\_\_\_ I refuse to sign this acknowledgement form

Note: HIV/AIDS personnel, if client refuses, initial here \_\_\_\_\_ Date: \_\_\_\_\_